



# Ideas into Action

CELEBRATING BEST PRACTICES AND LESSONS LEARNED FROM THE DBHDS SYSTEM'S WORK AROUND CULTURAL AND LINGUISTIC COMPETENCY IN VIRGINIA

## DBHDS partners in Media Contest in Recognition of Bebe Moore Campbell National Minority Mental Health Awareness Month

According to the [CDC's Office of Minority Health and Health Disparities](#), African Americans are more likely to experience a mental disorder than their white counterparts and less likely to seek treatment. When they do seek

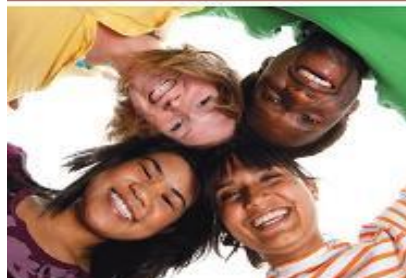
### National Minority Mental Health Awareness Month

treatment, they are more likely to use the emergency room for mental health care, and they are more likely than whites to receive inpatient care. Although, for Latinos, the rate of mental illness tends to be similar to that among non-Hispanic whites, Latina women tend to suffer from depression more often than their male counterparts. Asians and Pacific Islanders are only 25 percent as likely as whites and 50 percent likely as African Americans and Hispanics to seek outpatient care and are less likely than whites to receive inpatient care. Yet when they do seek care, they are more likely to be diagnosed as problem free.

For reasons such as those stated above, in 2008 the US House of Representatives proclaimed July as [Bebe Moore Campbell National Minority Mental Health](#)

Awareness Month. Bebe Moore Campbell was an accomplished author, advocate, co-founder of NAMI Urban Los Angeles, and national spokesperson, who passed away in November 2006. She received NAMI's 2003 Outstanding Media Award for Literature for the book *Sometimes My Mommy Gets Angry*, written especially for children, about a young girl who learns how to cope with her mother's bipolar illness. In 2005, her novel *72-Hour Hold* focused on an adult daughter and a family's experience with the onset of mental illness. It helped educate Americans that the struggle often is not just with the illness, but with the healthcare system as well.

There is no health  
without mental health.



Campbell advocated for mental health education and support among individuals with mental illness and their families of diverse communities.

To raise awareness of mental illness,

prevention, treatment, and research in diverse communities during this month, the Virginia Department of Behavioral Health and Developmental Services, Colaborando Juntos, and NAMI-Virginia are sponsoring a [Media Contest for Minority Mental Health Awareness](#).

### Contest Rules:

During the month of July, participate in, host, and/or sponsor an activity or project for youth and/or adults that promote awareness of mental illness, prevention, treatment, and research in diverse communities. Take pictures or video of your event/activity.

Media will be reviewed and rated in two categories: Youth Activities & Adult Activities. Winners & prizes will be announced by August 31, 2011. The top three youth and adult activities will be selected to receive a prize and will have their media displayed and recognized at agencies throughout the state, including the Office of Cultural and Linguistic Competence for the year.

[Submit your media electronically to Cecily Rodriguez via email, mail, or Google Docs.](#)

[Cecily.rodriguez@dbhds.virginia.gov](mailto:Cecily.rodriguez@dbhds.virginia.gov).  
The deadline to submit media entries is July 31, 2011. §

# *CLC Steering Committee Member Highlight*

The Office of CLC has a team of talented and energetic people supporting and advising our work who hail from a variety of organizations and locations from across the state. Each month we highlight one of them to give a picture of the scope of our experience and activities. This month we spoke with **Pamela H. Lewis, PhD**, Managed Care Program Analyst in the Division of Health Care Services at the Department of Medical Assistance Services. Here is what she shared with us.

## **Where are you from and what is your background?**

I am from San Angelo, Texas. On my paternal side, my grandmother was a Black Seminole and my grandfather was Mexican. My people were a part of the 'Trail of Tears'. On my maternal side, my grandmother was half Cherokee Indian. So, this accounts for my feistiness!

I came to Virginia in 1971, just at the end of desegregation in Virginia. I graduated from Virginia State College in 1977 with a BS in Biology. Soon after, I got married to William Lewis, Jr. from Warrenton, Virginia. We had three children. We lost our oldest daughter to cancer.

I was a microbiologist and infection control practitioner at Hiram W. Davis Medical Center for 25 years. While at Hiram Davis I continued my education, and in 2001 I graduated from Virginia State University with a MS in Biology. Seeking a career change, I obtained my Ph.D. in Public Policy and Administration from Virginia Commonwealth University (VCU) in 2008.

Also, I am a post-doctoral



fellow in the Department of Rehabilitation Counseling at VCU-MCV. As a post-doc, I have gained advanced research experience, participated in Webinars, and published in peer review journals. In addition, I am a consultant for two non-profit organizations. In this capacity, I assist them in performance improvement efforts.

If that is not enough, I am an adjunct instructor at John Tyler Community College (Biology), Strayer University (Public Policy and Administration), and Walden University (Public Policy and Administration).

## **What got you interested in CLC?**

As a youngster, I was involved in movements for equality and fair treatment for African Americans and very sensitive to the needs and desires of this population. While at Hiram Davis, I noticed that we had admissions of individuals whose first language was not English, had different religious beliefs, or who were morbidly obese, and we did not have the training or resources to address their needs in a culturally or linguistically sensitive way. So, I geared my whole experience at VCU towards cultural and linguistic competence in behavioral health care. I had support from central office,

my director, and my co-workers toward studying this new concept; thus, my dissertation was entitled "Readiness to Change toward Cultural Awareness and Sensitivity in a State Behavioral Health Institution." So, when the Department decided to open the Office of CLC, I jumped at the chance to be involved and have enjoyed it ever since.

## **How long has your organization been involved with CLC?**

My organization has been involved with CLC through the managed care programs which began on January 1, 1992, with the implementation of the MEDALLION program. Every employee is acutely aware and sensitive of the population we serve; however, DMAS does not have any training for employees in CLC.

## **What are a few short-and long-term plans that you have for this work?**

My short term plans are to assist the Office of CLC in continuing their foundational work to demonstrate the importance of cultural and linguistic competence in serving persons with disabilities and publish our work. My long-term plans are to teach a course in cultural and linguistic competence, continue to publish in peer reviewed journals, and serve the Office as needed.

## **What are some things you do outside of work and for fun?**

I go to my local YMCA for exercise and sell books and collectables at African American cultural events. In addition, I love movies, shopping, crafting, and playing with my grandchildren. §

# SAVE THE DATE

## *INSIGHT'S Pre-Conference Workshop*

# **BUILDING BRIDGES**

### ***Diagnosis and Treatment of Developmental Disabilities in Racially, Culturally, and Linguistically Diverse Communities***

**October 20, 2011**

River Road United Methodist Church  
8800 River Road  
Richmond, VA 23229

This one of a kind conference will explore disparities in the diagnosis and treatment of racially, culturally, and linguistically diverse individuals with developmental disabilities. Nationally recognized presenters will explore models and best practices for working with these populations.

#### **Learning Objectives**

- Understand the role of culture and language in racially, culturally, and linguistically diverse individuals with developmental disabilities.
- Learn effective techniques for diagnosing and treating of developmental issues in racially, culturally, and linguistically diverse communities.
- Network with other professionals who are looking to address these issues in their organizations.

#### **Sponsored by**





## NAMI “Persona a Persona” Educates Latino Communities in Northern Virginia

The National Alliance on Mental Illness (NAMI) Northern Virginia’s Latino Outreach Team has been working hard to extend outreach and eliminate stigma in Northern Virginia’s Latino communities.

With the support of NAMI and the Northern Virginia community, trained NAMI Peer Mentors, Cristina Avila and Aida Pitot, led the way to implement Virginia’s first NAMI “Persona a Persona” Spanish language program this past spring. The 10-week, peer-led recovery education course for adults with mental illness took place in Falls Church, VA. The program offers a holistic approach to recovery through peer support, discussion, and interactive exercises. NAMI-Northern Virginia celebrates the program’s success and will continue to offer the course for free at the Falls Church Consumer Wellness Center. Anyone who is interested in registering for the next course or learning more about “Persona a Persona” is encouraged to contact NAMI-Northern Virginia.

*If you are interested in volunteering or participating in NAMI-Northern Virginia’s Spanish language education and support programs, contact Kristen Duda, Program Director at [Kristen.Duda.NAMINOVA@gmail.com](mailto:Kristen.Duda.NAMINOVA@gmail.com) or call the NAMI NoVA Spanish Outreach line to speak with a bilingual Peer Mentor: (703) 801-3370. More information can also be found at [www.NAMI-NorthernVirginia.org](http://www.NAMI-NorthernVirginia.org) §*



## 2010 Census Information Highlights Continued Change in Virginia’s Population

The number of racially, ethnically, and linguistically diverse populations has increased significantly over the past ten years. The 2010 Census data reflects this increasing diversity in Virginia. Black/African American remains the largest minority group in Virginia. More than 1.5 million Virginia residents reported themselves to be black or African American, accounting for nearly 20 percent of the total population.

More than 233,000 Virginia residents, or 2.9 percent of the population, reported that they belong to two or more of the six race categories counted in the federal census: white, black or African-American, American Indian and Alaska native, Asian, Native Hawaiian and other Pacific Islander, or some other race. In 2010, only 11 Virginia localities had larger proportions of the under-18 population than in 2000. Loudoun County, Falls Church, and

Fredericksburg top the list for proportional growth, reflecting immigration of more people with young families.

As of April 1, 2010, almost 440,000 Virginia residents were Asian, accounting for 5.5 percent of the total population. This constitutes a 69 percent increase since 2000.

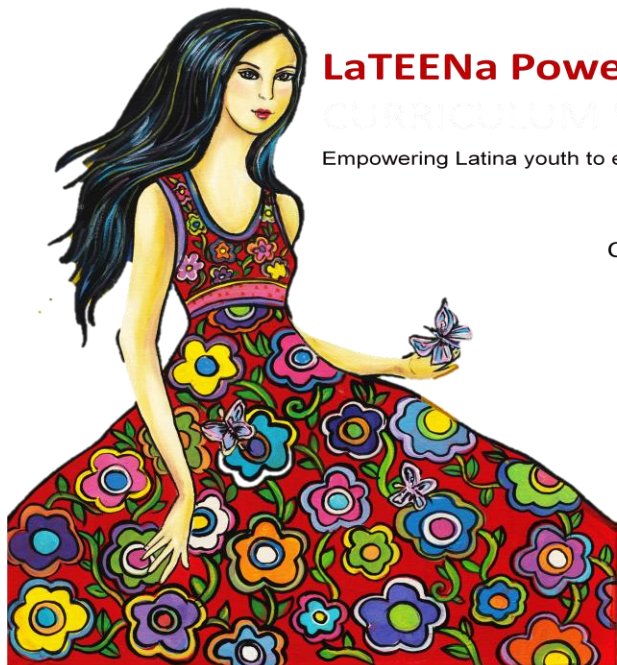
There are 630,000 Hispanics in the Commonwealth representing a full 8% of the population. This segment has grown 92% since 2000. The largest cohort of Hispanics is made up of Hispanics under the age of 19. This reflects half of the entire population of Hispanics in Virginia. §



## What Have We Been Up To? Check out our 2009-2010 Biennial Report!

It is with great pleasure that I present to you the Office of Cultural and Linguistic Competence’s (OCLC) first Biennial Progress Report. The Office, through a multipronged strategy of education, service, and research aspires to be the catalyst that brings practical strategies to eliminate disparities directly to our stakeholders – including state facilities, community services boards, private providers, and community organizations. The Office also seeks to answer key policy and practice-relevant questions that can pave the way for action to eliminate disparities in mental health and developmental services. We think we’re making progress towards achieving these goals. We would like to share this progress with you and your organization.

You may access the report [here](#).



## **LaTEENa Power! 7 Inner Strengths for Creating Success**

### **CURRICULUM WORKSHOP**

by Dr. Ana Nogales

Empowering Latina youth to envision and pursue their goals and attain the success they deserve.

#### Curriculum Workshop includes:

- Training by Dr. Ana Nogales
- Latina Power Book
- Facilitator's Workbook
- Participant's Workbook

Cost: **\$495.00**

#### **SAVE THE DATE:**

**THURSDAY, November 17, 2011**

**9:30AM – 3:30PM**

**Ginter Park United Methodist Church**

1010 W. Laburnum Ave,  
Richmond, VA 23227

Sponsored by:  
[www.casadelafamilia.org](http://www.casadelafamilia.org)



**WHO IS DR. NOGALES?** World renown Author & Psychologist, Dr. Ana Nogales, will come to the Richmond Community, Thursday, November 17th. Dr. Nogales is the founder and Clinical Director of the nonprofit organization, Casa de la Familia, which she established for victims of crimes such as human trafficking, domestic violence, rape, sexual assault, and child sexual and physical abuse. She currently supervises a clinical staff of forty mental health professionals. This organization has a program called Promotores de Salud Mental, which is dedicated to the outreach and engagement of mental health for the Latino community and is sponsored by the Orange County Health Care Agency.

She is also the President of the Association for Latino Mental Health Awareness (ALMA) in Orange County, California, which is dedicated to eradicating the stigma of mental illness. Additionally, she is an active board member on the Multi Cultural Task Force, Las Comadres para las Americas, and the Women Transitional Living Center, a shelter for women and children. Dr. Nogales was the President of the California Women's Commission on Addictions until 2008.

**WHAT IS LaTEENa POWER?** Using Your 7 Strengths to empower youth to envision and pursue their goals and attain the success that they desire. Based on the 7 Latina Power Strengths inherent in every Latina woman, Dr. Ana Nogales' program empowers women to create a safer, happier life.

LaTEENa Power Curriculum workshops are sponsored by Casa de la Familia. They are led by certified trainers who have professional qualifications and training. Providers can use this curriculum in a nine week program to expand their child and family programs, prevention programs, and community based services to Latina youth.

**WHEN & WHERE?** The workshop will be held on Thursday, November 17th from 9:30 am to 3:30 pm at Ginter Park United Methodist Church at 1010 W. Laburnum Avenue, Richmond, VA 23227. This church is located right on the corner of Chamberlayne and Laburnum in Richmond's Northside.

**WHO SHOULD ATTEND THIS WORKSHOP?** This curricula is ideal for use in substance abuse prevention programs, child and family therapy, community youth programs, church and community centers or youth programs, juvenile justice diversion programs, and family literacy organizations.

**For more information or to register, contact:**

**CASA DE LA FAMILIA**

1650 E. 4<sup>th</sup> Street, Suite 101, Santa Ana, CA 92701

**Contact: Yolanda Hernandez**

Phone: 714-667-5220 | Fax: 714-835-9190

[yhernandez@casadelafamilia.org](mailto:yhernandez@casadelafamilia.org)

# RESOURCES

## ARE YOU IN COMPLIANCE WITH DEPARTMENTAL INSTRUCTION 209?

**Did you know that DBHDS has a policy related to how interpreters are used and what material shall be translated for use in consumer communication?** The updated DI requires that each state facility formalize its language access policies and use qualified interpreters as the first choice for communicating with individuals who have a language access barrier. It outlines requirements for assessing communication barriers experienced by individuals receiving services, accessing on-site and telephonic interpreters, and documenting provision of interpreter services. The Instruction also includes a requirement that staff members who serve as interpreters pass a proficiency test to assure provision of quality interpretation. Finally, the Instruction includes staff training expectations and lists resources that are available from the Office of Cultural and Linguistic Competence and other agencies. See the full text of the DI on the web [here](#). **Be sure that you are familiar with and understand the policy. It is everyone's responsibility to ensure that we communicate effectively.**

## LOOKING FOR TRANSLATED FORMS FOR OUR FACILITIES?

- *DBHDS Notice of Privacy Practices in Spanish- (includes the Acknowledgement of Receipt)*
  - *DBHDS Authorization for Use or Disclosure of Protected Health Information - Spanish, Single Use*
  - *DBHDS Authorization for Use or Disclosure of Protected Health Information - Spanish, Multiple Use*
- are located on CODIE at <http://www.dmhmsas.cov.virginia.gov/forms1.asp>

*DBHDS Office of Human Rights- Know Your Rights Poster – Spanish is located at*  
<http://www.dbhds.virginia.gov/documents/HumanRights/ohr-KnowYourRightsSpanish.pdf>

*Notice of Rights Form- Spanish, French, and German are located on CODIE at*  
<http://www.dmhmsas.cov.virginia.gov/forms1.asp>

## DON'T FORGET!

*If you want regular articles, research, and notices of events about cultural and linguistic competency, sign up for our Google group.*  
*Click below to sign up.*

<http://groups.google.com/group/va-dbhds-cultural-and-linguistic-competence>

## RESOURCE LIBRARY

*We have over 100 titles in our resource library on subjects ranging from race relations to communication across culture to working with interpreters. You can check out the list of resources by going to the link at*  
<http://www.dbhds.virginia.gov/2008CLC/documents/clc-Res-Material-for-Loan.pdf>

## WHAT IS LANGUAGE ACCESS?

Migration Information says that the phrase "language access services" describes services that agencies use to bridge the communication barrier with individuals who cannot speak, understand, read, or write English fluently. Both [Title VI of the Civil Rights Act of 1964](#) and President Clinton's 2000 LEP Executive Order ([Executive Order 13166](#)) mandate compliance for any agency receiving federal funds. [Click here](#) for more information about the legal requirements to provide language access.

Examples of agency-wide initiatives that make services accessible to LEP clients include the following:

- Recruiting, employing and retaining bilingual employees (For example, [Oklahoma Department of Human Services Interpreter/Translator Job Description](#))
- Contracting with translation/interpretation companies (For example, [State of Washington's Request For Proposal \(RFP\) for Translation Services](#))
- Creating comprehensive plans to serve Limited English Proficient populations (For example, [Hennepin County Limited English Proficiency Plan](#) – Health and Human Services Departments)
- Translating key documents (For example, [Florida Department of Children & Families' application for benefits](#))
- Establishing offices dedicated to Language Access Service (For example, Oakland, California's [Equal Access Office](#))

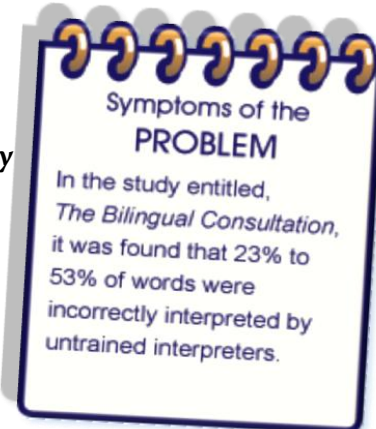
*Do you use bilingual staff to help communicate with consumers who are limited English proficient?*

*Do you know that research shows a decreased level of communication when working with untrained interpreters?*

*Are you sure that those employees have the right skills and language proficiency to communicate effectively?*

*Do you know that there are legal and accreditation requirements related to using trained interpreters?*

*If you want to ensure that you are providing quality language services in your organization when you have to use bilingual staff, consider participating in the.....*



### **Qualified Bilingual Staff Interpreter Training Program for Behavioral Health and Developmental Services**

**October 17-19, 2011  
8:30am-4:30pm**

**Virginia Home for Boys and Girls  
8716 W. Broad Street  
Richmond, VA 23294**

The Qualified Bilingual Staff (QBS) training program was developed by Kaiser Permanente for the purpose of increasing our capability for providing linguistically appropriate services to our Limited English Proficient (LEP) patients. The program targets our bilingual, dual role staff and trains them in proper interpreting skills during a medical encounter.

This three day training is for BILINGUAL STAFF working as informal interpreters in your organization. This is NOT a training for professional interpreters.

**Registration Fee- \$100 (includes lunch daily)  
Maximum 30 participants - register early**

**[CLICK HERE FOR REGISTRATION AND INFORMATION](#)**

*\* In order to receive the certificate of completion, the participant must either show proof of language proficiency or pass a language proficiency exam given by an independent testing source. There is an additional cost for this exam. More information is available on our website.*

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# *The Inside Scoop*

## *Cultural and Linguistic Competence Committees across the State*

*Each organization in our system has a slightly different service population, and as a result will have slightly different priorities for their cultural and linguistic competence planning. Each month, we will review a different cultural and linguistic competence/diversity committee to learn from their experiences. This month, we have interviewed the Cultural Competence Committee at Southwest Virginia Mental Health Institute. Here is what they have to share.*

**How long has your committee been around?** We were established September 2009

**What were some of the reasons it was created?** It was due to growing recognition of the importance of cultural competency in promoting recovery from mental illness.

**From where in your organization do members come?** We come from all over. Staff Development, Clinical Services, and Nursing Services, as these departments are most directly impacted.

**How are members selected?** They are employees who have expressed an interest in cultural competency issues and have been supported by their leadership.

**How is the committee organized?** We have a very small committee. We have a chairperson. We have used sub-committees for specific projects, such as developing power points on cultural groups. Debbie Boelte is the current Chairperson. We have also solicited assistance from staff outside the committee for various projects.

**What ways does your committee show activities and achievement?** We write articles for the facility newsletter. We have a cultural and

linguistic competency page on the facility intranet. We email announcements/fliers to all staff and we have posted the DBHDS posters on CLAS standards on all units.

**What are some of your major goals for this year?** We want to complete our written CLC plan. We will likely focus on health literacy and an awareness of the use of plain English and communicating on reading levels. We may consider changing signage at our facility utilizing the idea of universal signs, (e.g. exit doors, bathrooms, etc.) We hope to spend some time educating staff regarding language access, the use of interpreters and how to use the language line.

**What are some of your ongoing activities?** These are just a few things we have done recently.

- Have completed “Building Bridges” assessment of our facility.
- Developed CAI for cultural Competency for new staff and annually for all staff at the facility.
- Hosted training by DBHDS- Office of Cultural and Linguistic Competence (OCLC) on Effective Healthcare Communication.
- Present CLC training 2 times per year at Mt. Rogers CIT training.
- CLC Training provided to nursing staff at Bristol Regional medical Center Training Dept.
- Facility is co-sponsor of DBHDS – OCLC training series in SW Virginia at Higher Education Center in Abingdon.
- A pilot project focusing on self-medication was begun on the ERS Unit. One of the significant issues to address is basic reading ability, so the Nursing staff is considering the use of personalized “Pill Cards”.



**Southwest Virginia Mental Health Institute, Marion, VA**

**What have been some of the biggest successes for your committee?**

We feel that helping to facilitate the development of the CLC Southwest Virginia Training Series by DBHDS is a great success. As well as providing outreach training to other agencies on cultural competence and its relationship to their work.

**What have been some of the biggest challenges for your committee?**

Time and resources due to staffing and budget issues is always a challenge but also a lack of awareness and recognition that diversity exists in our region and should be addressed can be a barrier to our work. We are constantly looking for ways to show staff that CLC is a relevant concept as many people view our region as more of a mono-culture.

**What advice would you give to an organization thinking about starting a CLC committee?**

It is very important to have the support of leadership and management within the Agency starting at the top and throughout all departments and areas. §